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**2010 NASHUA SUMMER Camp/Clinic REGISTRATION FORM**

T-SHIRT SIZE- Youth (sm, med, lg, xl)\_\_\_\_\_ Adult (sm, med, lg, xl)\_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age\_\_\_\_(AS OF CAMP DATE)

Address \_\_\_\_\_ Home # \_\_\_\_\_ Emergency# \_\_\_\_\_

Medical Problems: \_\_\_\_\_ Session(s) Attending \_\_\_\_\_

Email Address \_\_\_\_\_

**TUITION NOT REFUNDABLE AFTER CLINIC STARTS**  
**PRICING.**

**COSTS VARY ACCORDING TO CAMP. SEE CAMP LISTING FOR**

I understand that the Nashua Parks-Recreation Department and all those associated with the Camp Program will be absolved of all injuries or accidents incurred in the program. In the event of injury or accident the staff has my permission to administer first aid and provide the necessary medical care needed.

Parent/Guardian \_\_\_\_\_/\_\_\_\_\_ Date:

\_\_\_\_\_  
(Sign Here)

\_\_\_\_\_  
(Print Here)

Mail Check and Application to: Parks-Recreation Department, 100 Concord Street, Nashua, NH 03064  
Please make checks payable to "City of Nashua"